

2006 Open Enrollment For Dental Benefits

For COBRA Dental Participants*

Welcome to the 2006 Open Enrollment Period. From October 17 through November 10, 2005 you may make the following changes to your coverage:

- Drop dental coverage
- Change from one dental plan to another
- Add or drop family members covered.

Any changes that you make will become effective on January 1, 2006. **If you do not want to make a change to your dental coverage, you do not need to do anything.** If you decide to make a change for 2006, you must complete a new enrollment form. Forms are available from the Benefits Office at (631) 344-5126, (631) 344-2877 or (800) 353-5321. Completed forms must be returned to the Benefits Office, Bldg. 185 by November 10.

You may only make changes to your coverage during the annual Open Enrollment Period or when a qualifying event occurs. Qualifying events allow you to make certain changes to your coverage if you notify the Benefits Office within a limited period of time from the date of the event. Qualifying events may include changes in: legal marital status, number of dependents, dependent status, employment status, work schedule, place of residence, or worksite. The qualifying event must relate to the change in coverage that you request. Additional information on qualifying events is available in the Benefits Office.

* COBRA coverage will be discontinued as of the end of the applicable COBRA period, or if you do not remit the required contribution.

What's Changed?

The following is effective as of January 1, 2006 and applies to all dental plan participants.

- Due to a change in the Internal Revenue Code, the age limit for non-handicapped dependent children has changed as follows.

Dental Plan	Dependent Age Limit (eligibility if full-time student status is not met)	Dependent Age Limit (eligibility if full-time student status is met)
EBS	19 th birthday	End of year of 23 rd birthday
CIGNA	19 th birthday	End of year of 23 rd birthday

The following is effective as of January 1, 2006 and does not apply to former members of the IBEW Union who terminated employment on or after 8/1/00 and former members of the SCSPA Union.

- Dual coverage in the EBS dental plan is being eliminated (where the husband and wife can cover each other and family members in the program). If this applies to you, you will need to make a change to your coverage to no longer cover each other.
- The 3-month extension of coverage following the graduation of a dependent child under the EBS plan has been eliminated, and coverage will end as of the end of the month of graduation.

Plans Available As Of January 1, 2006

- CIGNA Dental Health Plan (DMO)
- CIGNA PPO Dental Plan
- Dental Assistance Plan, administered by Eastern Benefit Systems (EBS)

A comparison of the dental plans is enclosed. Additional information, including provider directories is available through the Benefits Office and through the following websites and telephone numbers.

Dental Plan	Website	Telephone #
CIGNA Dental Health Plan (DMO)	www.cigna.com	(800) 367-1037
CIGNA Dental PPO Plan	www.cigna.com	(888) 336-8258
Dental Assistance Plan, administered by EBS	Not applicable	(800) 524-0227

Monthly Cost January 1, 2006

Dental Plan	Coverage		
	One Person	2 People	3 or More People
CIGNA Dental Health Plan (DMO)	\$19.86	\$40.34	\$60.03
CIGNA Dental PPO Plan	\$31.82	\$67.60	\$94.81
Dental Assistance Plan, administered by EBS	\$22.99	\$48.86	\$68.51

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